PATEN	T APPLICATION F Substitute 1	EE DETERMINAT for Form PTO-875	ond to a collection of info	mation unless it display	PTO/SB/06 (0) pugh 7/31/2006. OMB 0651- DEPARTMENT OF COMME ays a valid OMB control num tion or Docket Number
C	LAIMS AS FILED - PA			1/6)-0443C
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA	SMALL EN	TITY OR	OTHER THAN SMALL ENTITY
(37 CFR 1.16(a)) TOTAL CLAIMS (37 CFR 1.16(c))			RATE	FEE	RATE FEE
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 20 =		X 5 =	OR OR	X \$ =
MULTIPLE DEPENDENT CLA	MPRESENT (37 CFR	1.16(d))	X 5 =	OR	x s=
*If the difference in column 1	is less Ihan zero, enter 10° in AS AMENDED – PAR	n column 2	TOTAL	OR .	+ s =
Column Column	IMS IMS IMS IMS INING ER MENT Minus Minus	Imn 2) (Column 3) EST BER PRESENT EXTRA O = (37 CFR 1.16(d))	SMALL ENTITE RATE ADDITION FEL X \$ 25 = X \$ /00 + \$ /B 0 = TOTAL ADDIT FEE	OR X S	OTHER THAN SMALL ENTITY RATE ADDITIONAL FEE 50 200=
Total (31 CFR 1.16(c)) Independent (31 CFR 1.16(b))	NUMBER PREVIOUS PAID FOR Minus	PRESENT LY EXTRA	RATE ADDITIONAL FEE	OR x \$ 50	TIONAL FEE
FIRST PRESENTATION OF MULT (Column 1) CLAIMS	(Column 2).		\$ <i>IBO</i> = \$ <i>IBO</i> = DTAL DO'L FEE	OR x \$20 OR + 34 TOTAL OR ADD'L FE	D ₌
REMAINING AFTER AMENDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE ADDI- TIONAL	RATE	

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

* If the entry in column 1 is less than the entry in column?; write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

x \$100=

OR

OR

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.